# EXHIBIT 1



We're delighted to invite you to become one of Gemini's institutional customers!

In order to initiate the process of opening an account, Gemini's internal policies and US financial regulations require us to electronically obtain the following identifying information in documentary form (please see Appendix A for detailed instructions based on entity type).

### **STEP 1 - Company Information**

Please complete and return the attached *Application for an Institutional Account* document. In addition, you will need to send the following:

- A copy of the company's official formation or organizational document, such as the articles of incorporation, certificate of formation, partnership agreement, offering memorandum or trust instrument, as applicable;
- 2. Proof of beneficial ownership of the company evidencing those entities or individuals owning 10% or more, such as an operating agreement, partnership agreement, share registry, capitalization table, or Schedule K-1<sup>1</sup>;
- 3. A signed and dated Form W-9 (US incorporated institutions) or W-8BEN-E (non-US incorporated institutions);
  - a. The forms can be found here:
    - https://www.irs.gov/pub/irs-pdf/fw9.pdf
    - <a href="https://www.irs.gov/pub/irs-pdf/fw8bene.pdf">https://www.irs.gov/pub/irs-pdf/fw8bene.pdf</a>
- 4. A full copy of the company's BSA/AML program, if applicable; <sup>2</sup> and
- 5. A copy of a valid passport for non-US citizens or passport, driver's license, or state identification card for US citizens for *all account signatories*.

#### STEP 2 - Authorized Users

Please fill in the identifying information for all authorized users that will be directly accessing the Gemini account. The email listed for each user will be used as their account log-in and **must not be linked** to any other Gemini accounts. In addition, you will need to provide the following:

<sup>&</sup>lt;sup>1</sup> Note that Gemini must pierce through the ownership layers of an entity to reach the ultimate two-legged beneficial owner.

<sup>&</sup>lt;sup>2</sup> See 31 U.S.C. 5318(h)(1) for further information.



1. A copy of a valid passport for non-US citizens or passport, driver's license, or state identification card for US citizens for all authorized users.

### STEP 3 - Beneficial Owners (Individual) or Control Persons

If any individual owns 10% or more, please complete the **Beneficial Ownership (Individuals)** section (p.8) and send the following:

1. A copy of a valid passport for non-US citizens or, for US citizens, a passport, driver's license, or state identification card for each *individual beneficial owner or control person that directly or indirectly owns and or controls 10% or more of the company.* Please review the Beneficial Ownership (Individual) section for further instruction.

### STEP 4 - Beneficial Owners (Entity) or General Partner/Investment Manager

If any entity owns 10% or more, please complete the **Beneficial Ownership (Entity)** section (p.9) and send the following:

1. A copy of the company's official formation or organizational document, such as the articles of incorporation, certificate of formation, a government-issued business license, a partnership agreement, offering memorandum or trust instrument, as applicable.

### **STEP 5 - Corporate Resolution**

If the account will be in the name of a corporation, then complete the Corporate Resolution for an Institutional Account (p.11).

If the account will be in the name of any type of legal entity other than a corporation (e.g., LLC, partnership, trust, etc.), then you must ensure that the control persons of the entity (e.g., managers, general partners, trustees, etc.) are added as authorized signatories of the entity on the Account Application document.

### STEP 5 - Verification of Business Activity & Source of Funds/Wealth

An important part of our AML/BSA policy is understanding the nature of the business and the source of funds of our customers. Gemini is required to collect and verify this information in all cases. If Gemini is unable to independently corroborate this information, then you will need to provide documentary evidence of the business activity, such as:

1. A link to your business's website;



- A link to a credible public source that corroborates the stated business activity (e.g., a link to a news article that states the name of the company and the nature of its business);
- 3. Written attestation by an Attorney, CPA or Financial/Investment Advisor.

If the account is being funded with personal wealth, Gemini will need to verify the source of wealth by collecting additional documentation, such as:

1. A recent pay stub, W-2, letter of employment, or other documentation related to the stated source of wealth.

This application package is to be completed and signed by an authorized representative of the applicant institution.

Please upload the completed application and all supporting documentation in .pdf format to our secure Gemini drop zone URL link provided in the initial on-boarding email. We look forward to providing you with the highest quality and most secure digital asset exchange platform in the world.

Gemini reserves the right to deny an institutional account to any person if the applicant does not satisfactorily meet our standards.

If you would like to speak with us to clarify the need for any of the above information, or to clarify what information or documentation will satisfy our requests, please let us know.

Onward and Upward, Gemini Compliance Team



## Customer Notice required under Section 326 of the USA PATRIOT Act and 31 USC § 5318 (/)

To be compliant with U.S. law, and to assist in the fight against the funding of terrorism and money laundering, Gemini is required to obtain, verify, and record information that identifies each customer opening an account, whether an individual person or legal entity.

What this means for you: The account opening process we follow will require your name, address, date of birth, and other information that will allow us to fully identify you and any legal entity you represent. We may also ask to see your valid, unexpired government photo identification as well as other identifying documents for both individuals and entities prior to opening an account.

### **Special Measures Under Section 311 of the USA Patriot Act and Law Enforcement Access to Foreign Bank Records**

Pursuant to the requirements and prohibitions detailed in 31 CFR 1010.653, Gemini will not establish a direct or indirect relationship with the Commercial Bank of Syria. In addition, according to the requirements and prohibitions detailed in 31 CFR 1010.655 Gemini will not establish a direct or indirect relationship with Banco Delta Asia. Pursuant to the requirements and prohibitions detailed in 31 CFR 1010.659, Gemini will not establish a direct or indirect relationship with any North Korean banking institution, financial institution, foreign bank, correspondent account, covered financial institution, or subsidiary of any of the aforementioned types of entities. According to 31 CFR 1010.658, Gemini will not establish a direct or indirect relationship with FBME Bank Ltd. According to 31 CFR 1010.658, Gemini will not establish a direct or indirect relationship with Bank of Dandong.

Further, Gemini will apply due diligence to customer accounts to guard against their indirect use by said entities. If Gemini determines an account holder is violation of the aforementioned regulations, Gemini will take all appropriate steps to prevent such indirect access, including, where necessary, immediate termination of the account(s) in question.

## Notice to all customers regarding regulation GG Notification for Unlawful Internet Gambling Enforcement Act (UIGEA) of 2006

The Unlawful Internet Gambling enforcement Act (UIGEA) of 2006 prohibits any person engaged in the business of betting or wagering, as defined in the Act, from knowingly accepting payments in connection with the participation of another person in unlawful Internet gambling. The Department of the Treasury and the Federal Reserve Board have issued a joint final rule, Regulation GG, to implement this Act.

As defined in Reg GG, unlawful Internet gambling means to staking or risking by any person of something of value upon the outcome of a contest of others, a sporting event, or a game subject to chance, upon an agreement or understanding that the person or another person will receive something of value in the event of a certain outcome and includes the purchase of a chance or opportunity to win a lottery or other prize (which opportunity to win is predominantly subject to chance), any scheme of a type described in 28 U.S.C. 3702, any instructions or information pertaining to the establishment or movement of funds by the bettor or customer in, to, or from an account with the business of betting or



wagering which involves the use, at least in part, of the Internet where such a bet or wager is unlawful under any applicable Federal or State law or tribal lands in which the bet or wager is initiated, received or otherwise made.

Internet gambling transactions restricted under this rule are prohibited from being processed through any Gemini account. At present, Gemini will not open accounts for customers engaged in any Internet gambling business, including legal Internet gambling businesses.



| APPLICATION FOR AN INSTITUTIONAL ACCOUNT   |                             |                                      |
|--|-----------------------------|--------------------------------------|
| COMPANY INFORMATION  |                             |                                      |
| Full legal name of company name including any DBA names: IRA FINANCIAL TRUST   |                             |                                      |
| Registered company address: 221 SOUTH PHILLIP  | S AVE., STE 206             |                                      |
| City: SIOUX FALLS  | State: SD                   | ZIP Code: 57104                      |
| Jurisdiction(s) of incorporation: SOUTH DAKOTA   |                             |                                      |
| Federal Tax ID (i.e. EIN, VAT, etc.):  | Date of Incorp: 11/2/2015   | Phone: 800-472-1043                  |
| CRD#:  | MPID:                       |                                      |
| NFA ID#:   | LEI:                        |                                      |
| CONTACT PERSON INFOR   | MATION (IF APPLICABLE)      |                                      |
| Principal contact name: ADAM BERGMAN   | Phone: 305-538-9292         | Email: abergman@irafinancial.com     |
| IT / security contact name: ROXANE BERENS  | Phone: 605-202-4161         | Email: rberens@irafinancialtrust.com |
| Fraud contact name: ROXANE BERENS  | Phone: 605-202-4161         | Email: rberens@irafinancialtrust.com |
| Chief Compliance Officer name: ROXANE BERENS   | Phone: 605-202-4161         | Email: rberens@irafinancialtrust.com |
| Physical Address (if different from registered): SAME  |                             |                                      |
| City:  | State:                      | ZIP Code:                            |
| BUSINESS ACTIVITY INFORMATION  |                             |                                      |
| Nature of the business of the company: IRA CUSTODIAN   |                             |                                      |
| Company website URL: WWW.IRAFINANCIALTRUST.COM   |                             |                                      |
| Please list any associations the company (or any of its beneficial owners or signers) have with previous or current accounts with Gemini: NONE   |                             |                                      |
| Is the company listed on a US Securities Exchange (e.g., NASD)   | AQ, NYSE, etc.)?            | YES / NO                             |
| Is the company regulated by a US regulatory agency (e.g., SEC, provide registration number, if applicable:   | FINRA, etc.)? If so, please | YES / NO                             |
| Is the company an administrator or exchanger of virtual currency, required to register as a Money Services Business (MSB) and subjected to MSB registration, reporting, and recordkeeping regulations? <sup>3</sup> YES / NO NO                          |                             | _                                    |
| Is the company required to register as a Money Transmitter (MT) or Money Services Business (MSB) with the state the company is incorporated in and/or with each state in which the company is operational? If Yes, please provide proof of registration. |                             |                                      |
| If you have answered No to the previous question, please explain how this determination was made.  WE ARE NON-BANKING, NON-FIDUCIARY   |                             |                                      |

<sup>&</sup>lt;sup>3</sup> See FIN-2013-G001, "Application on of FinCEN's Regulations to Persons Administering, Exchanging, or Using Virtual Currencies," for further information on defining roles and regulatory obligations with regard to virtual currency.



| Is the company required to establish and maintain a BSA/AML program? If so, please provide a copy of the full BSA/AML program. <sup>4</sup> |  | YES / NO<br>YES   |                 |
|---|--|-------------------|-----------------|
| Please list jurisdiction(s) of business activity:5 ALL US STATES  |  |                   |                 |
| Anticipated monthly trading volu  | Anticipated monthly trading volume (in USD): UNKNOWN |                   |                 |
| Anticipated monthly funding act   | ivity (in USD): UNKNOWN                              |                   |                 |
| Anticipated funding patterns (e.  | g., deposit bitcoin, withdraw USD                    | ): DEPOSIT USD, \ | WITHDRAW USD    |
|   | ACCOUNT SIGNAT                                       | TORY AUTHORITY    |                 |
| Full name: ADAM BER   | GMAN   |                   |                 |
| Role and description: PRES  | SIDENT   |                   |                 |
| Length of employment: 4 YF  | RS   | SSN / ID #:       | DOB             |
| Phone (office): 305-538-9292  | Mobile: 917-583-1466                                 | Email: ABERGMAN@I | RAFINANCIAL.COM |
| Address: 1691 MICH  | IGAN AVE., STE                                       | 415               |                 |
| City: MIAMI BEACH State: FL ZIP Code: 33139   |  |                   |                 |
| Full name:  |  |                   |                 |
| Role and description:   |  |                   |                 |
| Length of employment:   |  | SSN / ID #:       | DOB:            |
| Phone (office):   | Mobile:  | Email:            |                 |
| Address:  |  |                   |                 |
| City:   | City: State: ZIP Code:                               |                   |                 |
| Full name:  |  |                   |                 |
| Role and description:   |  |                   |                 |
| Length of employment: SSN / ID #: DOB:  |  | DOB:              |                 |
| Phone (office): Mobile:   |  | Email:            |                 |
| Address:  |  |                   |                 |
| City:   |  | State:            | ZIP Code:       |

 $<sup>^{\</sup>rm 4}$  See 31 U.S.C. 5318(h)(1) for further information.

<sup>&</sup>lt;sup>5</sup> For our purposes, jurisdiction is considered any state and/or country in which your company is registered, licensed to do business, and/or from which your company accepts customers. <sup>6</sup> In lieu of an SSN, a passport may be provided.



### **BENEFICIAL OWNERS (INDIVIDUALS)**

PLEASE PROVIDE IDENTIFYING INFORMATION FOR EACH INDIVIDUAL BENEFICIAL OWNER OF YOUR COMPANY THAT OWNS 10% or MORE IN THE COMPANY.

FOR TRUSTS: PLEASE PROVIDE INFORMATION FOR ALL SETTLORS AND TRUSTEES.

FOR POOLED INVESTMENT FUNDS OR NONPROFIT ORGANIZATIONS: PLEASE PROVIDE INFORMATION FOR ALL CONTROLS PERSONS OF THE FUND OR ORGANIZATION.

| Full name: ADAM BERGMAN            |                                  |                         |  |
|------------------------------------|----------------------------------|-------------------------|--|
| DOB SSN #: Phone: 305-538-9292     |                                  |                         |  |
| Address: 1691 MICHIGAN A           | √E., STE 415                     |                         |  |
| City: MIAMI BEACH                  | State: FL                        | Zip Code: 33139         |  |
| % Direct Beneficial Ownership 100% | % Indirect Beneficial Ownership: | Nationality: US CITIZEN |  |
|                                    |                                  |                         |  |
| Name:                              |                                  |                         |  |
| DOB:                               | SSN#:                            | Phone:                  |  |
| Address:                           |                                  |                         |  |
| City:                              | State:                           | ZIP Code:               |  |
| % Direct Beneficial Ownership      | % Indirect Beneficial Ownership: | Nationality:            |  |
|                                    |                                  |                         |  |
| Name:                              |                                  |                         |  |
| DOB:                               | SSN#:                            | Phone:                  |  |
| Address:                           |                                  |                         |  |
| City:                              | State:                           | ZIP Code:               |  |
| % Direct Beneficial Ownership      | % Indirect Beneficial Ownership: | Nationality:            |  |
|                                    |                                  |                         |  |
| Name:                              |                                  |                         |  |
| DOB:                               | SSN#:                            | Phone:                  |  |
| Address:                           |                                  |                         |  |
| City:                              | State:                           | ZIP Code:               |  |
| % Direct Beneficial Ownership      | % Indirect Beneficial Ownership: | Nationality:            |  |
| <u> </u>                           | ·                                | <u> </u>                |  |

<sup>&</sup>lt;sup>7</sup> A passport must be provided for all non-US citizens.



### **BENEFICIAL OWNERS (ENTITY)**

PLEASE PROVIDE IDENTIFYING INFORMATION FOR EACH ENTITY BENEFICIAL OWNER OF YOUR COMPANY THAT OWNS 10% OR MORE IN THE APPLICANT ENTITY.

FOR POOLED INVESTMENT FUNDS: THIS FORM SHOULD BE USED TO PROVIDE IDENTIFICATION INFORMATION FOR THE GENERAL PARTNERS AND/OR INVESTMENT MANAGERS

FOR PROFIT SHARING AND RETIREMENT PLANS: THIS FORM SHOULD BE USED TO PROVIDE IDENTIFICATION INFORMATION FOR PLAN SPONSORS AND ADMINISTRATORS.

| Full legal name of company including any DBA names:  |                         |           |  |
|--|-------------------------|-----------|--|
| Registered company address:  |                         |           |  |
| City:  | State:                  | ZIP Code: |  |
| Jurisdiction(s) of incorporation:  | Date of Incorp:         | Phone:    |  |
| Federal Tax ID (i.e. EIN, VAT, etc.):  |                         |           |  |
| CRD#:  | MPID:                   |           |  |
| NFA ID#:   | LEI:                    |           |  |
| Please list the percentage of ownership this entity holds in the ul-   | timate Gemini customer: |           |  |
| Please describe the products or services the company provides:   |                         |           |  |
| Is the company listed on a US Securities Exchange (e.g., NASD/   | AQ, NYSE, etc.)?        | YES / NO  |  |
| Is the company regulated by a US regulatory agency (e.g., SEC, FINRA, etc.)? If so, please provide registration number, if applicable:   |                         | YES / NO  |  |
| Is the company an administrator or exchanger of virtual currency, required to register as a Money Services Business (MSB) and subjected to MSB registration, reporting, and recordkeeping regulations? |                         |           |  |
| Please list jurisdiction(s) of business activity:  |                         |           |  |
|  |                         |           |  |
| Full legal name of company including any DBA names:  |                         |           |  |
| Registered company address:  |                         |           |  |
| City: State:   |                         | ZIP Code: |  |
| Jurisdiction(s) of incorporation:  Date of Incorp:   |                         | Phone:    |  |
| Federal Tax ID (i.e. EIN, VAT, etc.):  |                         |           |  |
| CRD#:  | CRD#: MPID:             |           |  |
| NFA ID#:   | NFA ID#: LEI:           |           |  |
| Please list the percentage of ownership this entity holds in the ultimate Gemini customer:   |                         |           |  |



| Please describe the products or services the company provides:   |                             |           |
|--|-----------------------------|-----------|
| Is the company listed on a US Securities Exchange (e.g., NASD  | AQ, NYSE, etc.)?            | YES / NO  |
| Is the company regulated by a US regulatory agency (e.g., SEC, provide registration number, if applicable:   | FINRA, etc.)? If so, please | YES / NO  |
| Is the company an administrator or exchanger of virtual currency Money Services Business (MSB) and subjected to MSB registrat recordkeeping regulations?   |                             | YES / NO  |
| Please list jurisdiction(s) of business activity:  |                             |           |
|  |                             |           |
| Full legal name of company including any DBA names:  |                             |           |
| Registered company address:  |                             |           |
| City:  | State:                      | ZIP Code: |
| Jurisdiction(s) of incorporation:  | Date of Incorp:             | Phone:    |
| Federal Tax ID (i.e. EIN, VAT, etc.):  |                             |           |
| CRD#:  | MPID:                       |           |
| NFA ID#: LEI:  |                             |           |
| Please describe the products or services the company provides:   |                             |           |
| Please list the percentage of ownership this entity holds in the ultimate Gemini customer:   |                             |           |
| Is the company listed on a US Securities Exchange (e.g., NASDAQ, NYSE, etc.)?  |                             | YES / NO  |
| Is the company regulated by a US regulatory agency (e.g., SEC, FINRA, etc.)? If so, please provide registration number, if applicable:   |                             | YES / NO  |
| Is the company an administrator or exchanger of virtual currency, required to register as a Money Services Business (MSB) and subjected to MSB registration, reporting, and recordkeeping regulations? |                             | YES / NO  |
| Please list jurisdiction(s) of business activity:  |                             |           |
|  |                             |           |



| CORPORATE RESOLUTION FOR AN INSTITUTIONAL ACCOUNT  |   |  |  |
|--|---|--|--|
| Resolution of (Full Name of Corporation): IRA FINANCIAL TRUST  |   |  |  |
| Tax ID Number:   |   |  |  |
| On motion duly made and seconded, it was unanimously resolved that the persons listed below are hereby authorized on behalf of the corporation listed above (hereinafter, the "Company") to accept and convey, assign, transfer or otherwise dispose of all or any shares, stocks, bonds, debentures, debenture stock, currencies (digital or otherwise) and other securities of every description now or hereafter registered in the name of the Company or held or owned by the Company and to signal and execute on behalf of the Company all and any instruments of acceptance and transfer and other documents whenever necessary or proper to effectuate the same with full power to appoint any attorney or attorneys with full power of substitution therein, and that any and all instruments of acceptance and transfer and other documents in connection therewith heretofore signed and executed on behalf of the Company in accordance with the authority set out above are hereby ratified and confirmed. The Company is registered or licensed and in good standing as a corporation under all applicable laws and regulations, foreign or domestic, to which the corporation is subject, including any and all banking relationships or accounts to which the corporation has an interest. The Company has all requisite authority to conduct this type of business, including the purchase and sale of digital assets, under the laws to which the corporation is subject.  Certificate: I hereby certify that the foregoing is a true and correct copy of a Resolution duly passed at a meeting of the Directors of: |   |  |  |
| Name of Corporation: IRA FINANCIAL TRUST   | Date of Resolution: 9/16/2019   |  |  |
| And that the said Resolution is now in full force and together with the specimen signatures of all Director authorized by this Resolution.   | And that the said Resolution is now in full force and effect. I further certify that the following is a list together with the specimen signatures of all Directors, officers and employees of the Company authorized by this Resolution. |  |  |
| Name: ADAM BERGMAN   | Name:   |  |  |
| Title: PRESIDENT   | Title:  |  |  |
| Specimen Signature   | Specimen Signature:   |  |  |
| Name:  | Name:   |  |  |
| Title:   | Title:  |  |  |
| Specimen Signature:  | Specimen Signature:   |  |  |
| Nitness my hand (insert date):   |   |  |  |
| Secretary Signature:   |   |  |  |



### **AGREEMENT**

- I hereby certify to Gemini Trust Company, LLC ("Gemini") that the above natural persons are legally authorized to represent, execute trades, and transact on behalf of the above registered company.
- I understand that Gemini will be relying on the accuracy of the above certification and I represent, warrant and covenant to Gemini that the above statements are complete and accurate.
- 3. By submitting this application, I hereby authorize Gemini to make inquiries into the company and business activity references that I have supplied.

| SIGNATURE                  |                  |  |
|----------------------------|------------------|--|
| Name (Print): ADAM BERGMAN | Title: PRESIDENT |  |
| Signature:                 | Date: 9/16/19    |  |



### Appendix A

|     | DOCUMENTARY REQUIREMENTS BY ENTITY TYPE®  |  |  |
|-----|---|--|--|
|     | Cryptocurrency Mining Company   |  |  |
| 1.  | Completed account application   |  |  |
| 2.  | Formation document for the entity   |  |  |
| 3.  | Proof of beneficial ownership (Operating Agreement, Capitalization Table, Shareholder Registry, etc)  |  |  |
| 4.  | Formation documents and proof of beneficial ownership for any entity that owns 10% or more of the company   |  |  |
| 5.  | Copies of photo IDs for all beneficial owners and authorized users  |  |  |
| 6.  | Signed and dated Form W-9 or W-8BEN-E   |  |  |
| 7.  | Description of how the business interacts with digital currency and how the account at Gemini will be used  |  |  |
| 8.  | Link to live mining statistics  |  |  |
| 9.  | List of coins the entity mines  |  |  |
| 10. | Copies of the lease or co-location agreement of the mining location (if applicable)   |  |  |
| 11. | Description of what the flow of assets will look I ke on the Gemini account   |  |  |
| 12. | List the type and quantity of mining equipment the entity uses  |  |  |
| 13. | Cost of the mining equipment and receipts of purchases (if available)   |  |  |
| 14. | Written description of the source of funds for the mining operation (if the source of funds is derived from personal wealth, please provide employment history, a paystub, W2, or a letter from a certified attorney/accountant for each beneficial owner who has a 10% or greater interest in the company) |  |  |
| 15. | Electricity costs and a utility bill for the mining operation   |  |  |

|    | Government Entity  |  |  |
|----|--|--|--|
| 1. | Completed Government Entity account application  |  |  |
| 2. | Commission from the Government stating they are the elected official and the term they are elected for (if applicable)           |  |  |
| 3. | Self Attestation from the Authorized Signer stating they are authorized to act on behalf of the government entity they represent |  |  |
| 4. | Copies of photo IDs for all individual beneficial owners and authorized users  |  |  |

<sup>&</sup>lt;sup>8</sup> This matrix is designed to be a guide and not an exhaustive list. Further information and documentation may be required for some applicants



|    | Mining Hardware Company  |
|----|--|
| 1. | Completed account application  |
| 2. | Formation document for the entity  |
| 3. | Proof of beneficial ownership (Operating Agreement, Capitalization Table, Shareholder Registry, etc)       |
| 4. | Formation documents and proof of beneficial ownership for any entity that owns 10% or more of the company  |
| 5. | Copies of photo IDs for all individual beneficial owners and authorized users                              |
| 6. | Signed and dated Form W-9 or W-8BEN-E  |
| 7. | Verification of business activity (company website, news article about company, CPA attestation, etc)      |
| 8. | Description of how the business interacts with digital currency and how the account at Gemini will be used |
| 9. | Specify whether the business accepts cash payments for mining hardware                                     |

|    | Money Service/Transmitter Business   |
|----|--|
| 1. | Completed account application  |
| 2. | Formation document for the entity  |
| 3. | Proof of beneficial ownership (Operating Agreement, Capitalization Table, Shareholder Registry, etc)   |
| 4. | Formation documents and proof of beneficial ownership for any entity that owns 10% or more of the company  |
| 5. | Copies of photo IDs for all individual beneficial owners and authorized users  |
| 6. | Signed and dated Form W-9 or W-8BEN-E  |
| 7. | Verification of business activity (company website, news article about company, CPA attestation, etc)  |
| 8. | Description of how the business interacts with digital currency and how the account at Gemini will be used   |
| 9. | Proof MSB Registration, or the equivalent for Non-US entities  |
| 10 | If the entity is registered as money transmitter with multiple jurisdictions, please provide registration information for each state or jurisdiction. If the entity is unregistered, please provide an explanation or proof that the entity is in the process of registering |

|    | Node Operating Company  |  |  |
|----|---|--|--|
| 1. | Completed account application   |  |  |
| 2. | Formation document for the entity   |  |  |
| 3. | Proof of beneficial ownership (Operating Agreement, Capitalization Table, Shareholder Registry, etc)      |  |  |
| 4. | Formation documents and proof of beneficial ownership for any entity that owns 10% or more of the company |  |  |
| 5. | Copies of photo IDs for all beneficial owners and authorized users  |  |  |



| 6.  | Signed and dated Form W-9 or W-8BEN-E  |
|-----|--|
| 7.  | Description of how the business interacts with digital currency and how the account at Gemini will be used   |
| 8.  | Link to current authority set and block consensus  |
| 9.  | Link to node operating ledger/authority  |
| 10. | Copies of lease or co-location agreement for server infrastructure location  |
| 11. | Written description of the source of funds for the operation (if the source of funds is derived from personal wealth, please provide employment history, a paystub, W2, or a letter from a certified attorney/accountant for each beneficial owner who has a 10% or greater interest in the company) |

| Non-Profit Organization |  |
|-------------------------|--|
| 1.                      | Completed account application  |
| 2.                      | Formation document for the entity  |
| 3.                      | Formation documents for any parent entities of the non-profit  |
| 4.                      | Most recent Form 990   |
| 5.                      | Copies of photo IDs for all officers, directors, and authorized users                                      |
| 6.                      | Signed and dated Form W-9 or W-8BEN-E  |
| 7.                      | Verification of the mission of the organization  |
| 8.                      | Verification of donor base and vetting procedure   |
| 9.                      | Description of how the business interacts with digital currency and how the account at Gemini will be used |

| Operating Company |  |
|-------------------|--|
| 1.                | Completed account application  |
| 2.                | Formation document for the entity  |
| 3.                | Proof of beneficial ownership (Operating Agreement, Capitalization Table, Shareholder Registry, etc)       |
| 4.                | Formation documents and proof of beneficial ownership for any entity that owns 10% or more of the company  |
| 5.                | Copies of photo IDs for all individual beneficial owners and authorized users                              |
| 6.                | Signed and dated Form W-9 or W-8BEN-E  |
| 7.                | Verification of business activity (company website, news article about company, CPA attestation, etc)      |
| 8.                | Description of how the business interacts with digital currency and how the account at Gemini will be used |



|    | Personal Investment Vehicle   |  |
|----|---|--|
| 1. | Completed account application   |  |
| 2. | Formation document for the entity   |  |
| 3. | Proof of beneficial ownership (Operating Agreement, Capitalization Table, Shareholder Registry, etc)      |  |
| 4. | Formation documents and proof of beneficial ownership for any entity that owns 10% or more of the company |  |
| 5. | Copies of photo IDs for all individual beneficial owners and authorized users                             |  |
| 6. | Signed and dated Form W-9 or W-8BEN-E   |  |
| 7. | Source of wealth information for beneficial owners of the entity  |  |

|    | Pooled Investment Fund (e.g., hedge fund, private equity fund, venture capital fund)                          |  |
|----|---|--|
| 1. | Completed account application   |  |
| 2. | Formation document for the fund entity (and feeder fund entities, as applicable)                              |  |
| 3. | Formation documents for any control entities of the fund (General Partner, Investment Manager, as applicable) |  |
| 4. | Private Placement Memorandum/Offering Memorandum  |  |
| 5. | Copies of photo IDs for all fund principals and authorized users  |  |
| 6. | Signed and dated Form W-9 or W-8BEN-E   |  |
| 7. | Completed Fund Administrator Questionnaire  |  |

|    | Professional Service Provider  |
|----|--|
| 1. | Completed account application  |
| 2. | Formation document for the entity  |
| 3. | Proof of beneficial ownership (Operating Agreement, Capitalization Table, Shareholder Registry, etc)       |
| 4. | Formation documents and proof of beneficial ownership for any entity that owns 10% or more of the company  |
| 5. | Copies of photo IDs for all individual beneficial owners and authorized users                              |
| 6. | Signed and dated Form W-9 or W-8BEN-E  |
| 7. | Verification of business activity (company website, news article about company, CPA attestation, etc)      |
| 8. | Description of how the business interacts with digital currency and how the account at Gemini will be used |
| 9. | A copy of the AML and KYC Procedure  |



|    | Profit Sharing/Pension/Retirement Plan (EmployerSponsored;not individual IRA)   |  |
|----|---|--|
| 1. | Completed account application   |  |
| 2. | Copy of the plan agreement or trust agreement that identifies the plan sponsor, plan administrator or trustee, effective date |  |
| 3. | Source of wealth of grantor or employer sponsor entity  |  |
| 4. | Company formation documents for employer sponsor  |  |
| 5. | Business activity verification of employer sponsor (company website, news article about company, CPA attestation, etc)        |  |
| 6. | Copies of photo IDs for all trustees and authorized account users   |  |
| 7. | Signed and dated Form W-9 or W-8BEN-E   |  |

|    | Proprietary Trading Firm  |  |
|----|---|--|
| 1. | Completed account application   |  |
| 2. | Formation document for the entity   |  |
| 3. | Proof of beneficial ownership (Operating Agreement, Capitalization Table, Shareholder Registry, etc)      |  |
| 4. | Formation documents and proof of beneficial ownership for any entity that owns 10% or more of the company |  |
| 5. | Copies of photo IDs for all individual beneficial owners and authorized users                             |  |
| 6. | Signed and dated Form W-9 or W-8BEN-E   |  |
| 7. | Source of wealth information for beneficial owners of the entity  |  |

| Publicly Traded Company |  |
|-------------------------|--|
| 1.                      | Completed account application  |
| 3.                      | Copy of the most recent Form 10-K  |
| 4.                      | Copies of photo IDs for all authorized users   |
| 5.                      | Signed and dated Form W-9 or W-8BEN-E  |
| 6.                      | Description of how the business interacts with digital currency and how the account at Gemini will be used |

|    | Regulated Entity (e.g., Broker-Dealer, Registered Investment Firm, Insurance Firm)                         |
|----|--|
| 1. | Completed account application  |
| 2. | Copies of photo IDs for all authorized users   |
| 3. | Signed and dated Form W-9 or W-8BEN-E  |
| 4. | Description of how the business interacts with digital currency and how the account at Gemini will be used |



| Trust |   |
|-------|---|
| 1.    | Completed account application   |
| 2.    | Trust agreement, certificate of trust, or other trust formation document        |
| 3.    | Source of wealth of grantors of trust   |
| 4.    | Copies of photo IDs for all individual grantors, trustees, and authorized users |
| 5.    | Signed and dated Form W-9 or W-8BEN-E   |